## STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 3 1 2018

I. Name of Lubbyist(s) Joel Maiola

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NEW HAMPSHIRE

			DEPARTMENT OF ST
II. Name of lobbyist's partnership,	firm or corporation, if a	ıny:	
McLane Middleton Governme		tegies, LLC	
(Name of partnership	, firm or corporation)		· · · · · · · · · · · · · · · · · · ·
900 Elm Street, P.O. Box	326 Manches	ter NH	03105-0326
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 628-1485 (Telephone)	(603) <u>625-5650</u> (Fax		maiola@mclanegps.com
III. This statement covers: (Choose reportable expense transactions wh			may file a separate report for
X All reportable transactions occurr	ing in the months prior to	the reporting date relative to	the following elient:
New Hampshire Hospital As	ssociation		
	Client as it appears on the Le	obbyist Registration Form)	
OR			
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lot	obyist's family), or the lobby	ing firm listed below which are
IV. Date of Report April 25, 20		July 25, 2018 🔲	
	registration to 3/31/18	activity from 4/1/18 to 6/30/	
October 31. activity from 7/1.		January 30, 2019 [ activity from 10/1/18 to 12/	
V. There have been no fees receif this box is checked, complete just the Concord, NH 03301.			
VI. Cheek if additional reports are	attached:		
X If you have received fees or made		file Addendum A- Fees and	Expenses
☐ If you have paid an honorarium o Expense Reimbursement	•		
1f you. your firm, or your family	has made political contrib	utions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by L. I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowl (Signature of lobbyist)  Joel Maiola	14-C and RSA 664 and h	pereby swear or affirm that the	
(Print Name of lobbyist)			

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
11. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC	<u> </u>	
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Hospital Association	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or i	public relations service
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		50,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	75,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if ex may be filed for e aggregate total expenses; (b) the le: meals purch ess than \$10 that ed with a value porting period of ue of greater the er than \$25, but, expense reim	spenditures are made by for the lobbyist(s)/firm tal of all expenses paid aggregate total of all hased during a business at is given to the person of \$25.00 or less); and f greater than \$25.00 fo han \$25, purchase of at not greater than \$50 abursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	25,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	50,000.00
f) Total of all expenses year to date	f) \$	75,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	••••••••••	•••••••
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the fore	egoing information
is true and complete to the best of my knowledge and belief.		
Alrin	_/0/	29/8
(Signature of lobbyist)	(Da	te)
Joel Maiola (Dint News of Jahlania)		
(Print Name of lobbyist)		